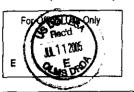
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01 / 01 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Daniel L Biggs	Name Transportation Communications Union		
	Labor Organization File Number 000196		
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3 Research place	Street 3 Research Place		
City Rockville	Ctty Rockville		
State Maryland ZIP Code +4 20856-3279	State Maryland ZIP Code + 4 20850-327		
5. Position in labor organization.  This enactional Vice Pro			
Enter appropriate data below If, during the past fiscal year, you or your spou			
(except as specified in the exclus	sions set forth in the instructions):		
<ol> <li>Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organizatio</li> </ol>			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Construction to the property of the construction of the property of the construction o	7.b. Amount		
	r.b. Amound		
Street	7.b. Allouic		
Street City	7.D. AHOUIL		
	7.D. AHOUIL		
City City			
City State ZIP Code + 4	ture erjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the		
Signa  15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the sect	ture erjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the		
City  State  ZIP Code + 4  Signa  15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanying the information contained in accompanying the information contained in accompany accompanying the information contained in ac	ture erjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the		

Name of Person Filling Daniel L. Biggs		lie Number 0. 2460		
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise			
Name and address of Business (including trade name, if any).	9. Business deals with:	<del> </del>		
Name	a. Labor Organization	_		
Trade Name, if any:	b. Trust	<b></b> 		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street	·			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of	of such dealing.		
City City Control of the Control of	12.a. Nature of interest held o	More to add to this control of the state of	yearn ng	
State ZIP Code + 4			Safer d'addinance	
			and the second	
			and the second	
			-	
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Aetna Health Care	Lunch March 16	. 2004		
Trade Name, if any:			and the second supplement	
Path opening and To design and the control of the c			The second second	
P.O. Box, Bidg., Room No., if any				
Street 7600 A - Leesburg Pike				
City Falls Church			The second second	
State Virginia ZIP Code + 4 22043				
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$30.00		